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**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-4202**

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September 12, 2019

Ms. Seema Verma, Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-5527-P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244

Re: Medicare Program: Specialty Care Models to Improve Quality of Care and Reduce Expenditures; CMS-5527-P

Dear Administrator Verma:

I have been contacted by Provision Proton Therapy of Knoxville regarding concerns about the proposed Radiation Oncology Alternative Payment Model (RO APM) and the effect this proposal will have on limiting access to cancer treatment options to constituents in my district who have Medicare for their primary insurance.

The RO APM assumes all radiation treatments are interchangeable and that all patients can be hypofractionated, when in fact, not all patients are medically eligible to receive hypofractionated radiation treatments. Furthermore, CMS has ignored traditional rate calculations that account for equipment costs in this study, and these rates could bankrupt new proton centers.

The RO APM in its current form will not meet the stated goal of controlling costs while preserving access to quality care. In fact, it will do the opposite: it will place proton therapy centers in significant financial distress and severely limit future access to many communities across the United States. I'm concerned this proposal will drive services to PPS-exempt academic centers who are not subject to the pilot, therefore increasing costs and dramatically limiting access. Most of my Medicare constituents cannot afford to spend six weeks out of state.

Other concerns brought to my attention are: proton therapy claims were only about 1% of the total claims used to establish base rates; data from non-standard treatment episodes were blended in with normal courses of treatment artificially lowering actual costs; and that statistically significant reductions in secondary cancers were not factored in to the overall cost models to Medicare. For these and other reasons, I am requesting that the RO APM be revised, delayed, or preferably made voluntary. Another solution would be to move proton therapy into its own model with its unique costs and benefits factored into another proposal.

Thank you for your attention to these concerns.

Sincerely,



Tim Burchett  
Member of Congress